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ABSTRACT

High rates of suicide were reported in the 1960s and early 1970s among women in medicine and psychology, relative to women in the general population. This study explored suicide rates among American Psychological Association members, fellows, and associates. Subjects (N=179) were members who died in 1988 or 1989 and were under 65 years of age. Death certificates were obtained for nearly 70% of the sample, involving deaths of 27 women and 98 men. Raters classified each case into one of three categories: a definite suicide, possible/hidden suicide, or non-suicide. In this sample six suicides were identified, three among women and three among men. During this period, female psychologists were found to have suicide rates that were similar to those rates in the general population. Male psychologists had suicide rates that were lower than those for men in the general population. Thus the excess suicide rates observed among female psychologists in the 1960s may no longer be present in 1988 and 1989. Lower levels of suicide may have been observed in this sample than in the 1960s because of changes in the relative proportion of men and women in psychology. The degree to which suicide rates among men and women in psychology have changed over time offers a unique opportunity for understanding more about suicide and its causes. (ABL)

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Current Suicide Rates Among Psychologists

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Abstract

Studies conducted in the 1960s and early 1970s had indicated that suicide rates among female psychologists and other professional women were much higher than suicide rates in the general population. The current study explores suicide rates among American Psychological Association members in 1988 and 1989. During this period, female psychologists were found to have suicide rates that were similar to those rates in the general population. Male psychologists had suicide rates that were lower than those for men in the general population. The apparent decline in the suicide rates among psychologists from the 1960s to the present time is discussed as a possible result of the increasing proportions of women in psychology.

Current Suicide Rates Among Psychologists

High rates of suicide were reported in the 1960s and early 1970s among women in medicine and psychology, relative to women in the general population. In the general population, men complete suicide about four times more frequently than do women. However, female physicians had been found to complete suicide at a rate similar to that of men, or at about four times the rate of women in the general population. In contrast, the suicide rate of male doctors did not differ from the general population rate (Pitts, Schuller, Rich, & Pitts, 1979; Steppacher & Mausner, 1974). Similarly high suicide rates have been noted for female medical students (Pepitone-Arreola-Rockwell, Rockwell, & Core, 1981) and female psychologists (Mausner & Steppacher, 1973). (See Table 1).

Based on these suicide data, several researchers (e.g., Pitts, Schuller, Rich, & Pitts, 1979) hypothesized that professional women are at very high risk for depression. However, studies of depression among psychologists have yielded mixed results. Welner, Marten, Wochnick, Davis, Fishman, and Clayton (1979) interviewed professional women and concluded that 51% of women M.D.'s and 32% of women Ph.D.'s were depressed, rates which far exceed general population depression rates for women. However, as only female subjects were included and those coding the protocols for depression were not blind to the subjects' sex, over diagnosis of depression may have resulted. Avoiding this methodological problem, two studies (Hastrup, Phillips, Scheiner, McAfee, & Kraemer, 1986; Phillips, 1987) examined depression among national samples of professionals using a well-validated self-report questionnaire, the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). These studies revealed no excess of depression in male or female psychologists in faculty positions (Hastrup et al., 1986), and no excess in social workers and psychologists of either sex in mental health practice (Phillips, 1987).

The purpose of the present study is to examine one explanation of the apparent paradox between the presence of excess suicide rates and the absence of high levels of depression in female psychologists. The rates of suicide among female psychologists, while excessive in the 1960s, may have declined to general population levels.

Method

Subjects

Subjects in the present study were those American Psychological Association members, fellows, and associates (referred to herein as "APA members") residing in the US who died in 1988 or 1989 and were under 65 years old at the time of their death. Deaths among the membership are published monthly in the American Psychologist. Death certificates for individuals appearing on these lists were requested from the state of the individual's residence. Cause of death was copied from each certificate obtained and coded relative to suicide status. Some 179 deaths among APA members meeting the above requirements were reported in the American Psychologist, involving 138 men and 41 women. (See Table 2.)

Procedure

Death certificates for these 179 individuals were requested from the state of the individual's residence. Death certificates were obtained for nearly 70% of the sample, involving deaths of 27 women and 98 men. There were no sex differences in the proportion of death certificates located ($\chi^2 = .056$). (See Table 2.)

An additional 34 (19.0%) of death certificates could not be located by cooperating states, meaning that the individual did not die in the state APA

had last recorded as their residence. These individuals could have moved recently or may have died while out of state. The absence of these certificates may introduce bias into the sample, as individuals who commit suicide may be more likely than individuals who die for other reasons to have died while away from home. While this is a valuable criticism to remember, it should also be noted that Mausner and Steppacher, who did the 1960s study on suicide rates, used a similar procedure to mine and were unable to locate a similar proportion of the death certificates.

Budgetary problems have precluded reports from two states, involving 20 (11.1%) of the deaths of interest; however, there is no reason to believe that suicides would be unusually distributed in these areas. (See Table 2.)

Cause of death was copied from each death certificate obtained and coded by four independent raters relative to suicide status. The following were considered definite suicides: asphyxia by hanging, by carbon monoxide poisoning, or by other methods clearly self-inflicted; poisoning by solid, liquid, or gas substance; death by firearms when psychiatric diagnosis present or when clearly self-inflicted; and suicide clearly stated.

Raters classified each case into one of three categories: a definite suicide (as described above), possible/hidden suicide, or non-suicide. Pairs of raters agreed on classifications of 92% to 96% of cases in this three-category system; kappas ranged from .55 to .90. The raters achieved perfect agreement in categorizing causes of death as suicides; disagreement arose in distinguishing between non-suicides and possible, hidden suicides. As the focus of this paper is definite suicides, there was not a need to reconcile raters' disagreements concerning the classification of particular cases as possible suicides versus clearly not suicides.

Data Analysis

Expected suicide rates were computed for the APA members, based on age-specific suicide rates from the general population for 1988. Given the number of APA members in each age and sex category, if psychologists have suicide rates similar to those in the general population, then over the two year period covered by this study, 3.4 deaths due to suicide should appear among female APA members, and 18.4 deaths due to suicide should appear among male APA members. (See Table 2.)

As information is available on only 70% of the deaths, expectations of suicide were scaled down. Death certificates were available in 65.9% of the deaths of women, so among these, 65.9% of 3.4, or 2.2 deaths were expected among the women. Likewise, death certificates were available on 71.0% of the men, so 71% of 18.4, or 13.1 deaths were expected among the men. (See Table 2.)

Results

In the current sample, six suicides were identified, three among women and three among men. The causes of death were as follows: 2 men and 1 women hanged themselves, 1 man died from carbon monoxide poisoning, and 2 women died from barbiturate overdose.

Several z-tests of proportions were used to compare the proportion of APA members committing suicide with the proportion expected to commit suicide, based on the general population figures.

Among female APA members, a comparison of the observed number of suicides (3) with the expected number (2.2), revealed that women in psychology did not have significantly higher suicide rates than women in the general population ($z=.509$). Among male APA members, the number of suicides observed

was 3, which was significantly LOWER than the 13.0 expected from the general population ($z=-2.78$, $p<.05$). (See Table 2.)

Converting the values from the current study into proportions, or annual death rates per 100,000 population, these relationships can be seen clearly. (See Table 1.) In the general population, in 1988, women in psychology had a suicide rate of 10.3/100,000, while women in the general population had a suicide rate of 7.5/100,000. Again, these suicide rates are not different. Among men, in 1988 in the general population the suicide rate was 25/100,000, for among psychologists, the rate was 5.6/100,000. The rate for men in psychology is significantly lower than among men in the general population.

A second set of comparisons was also done. Tests of proportion were again used, this time to compare the suicide rates in the current sample with those found by Mausner and Steppacher in the 1960s. This comparison revealed that women in psychology were at less of a risk for suicide in the late 1980s than they were in the 1960s ($z=2.57$). Similarly, for men the suicide rate seen among male psychologists in 1988 and 1989 was significantly lower than the rate for men in the 1960s ($z=-2.23$, $p<.05$). (See Table 2.) Again, these differences can be seen in the suicide rates in Table 1.

Discussion

Thus, the excess suicide rates observed among female psychologists in the 1960s may no longer be present in 1988 and 1989. The observed suicide rates for women in the current study are not even in the expected direction relative to the general population, given the findings in the 1960s. This finding is not unanticipated, considering the absence of high rates of self-reported depression in samples drawn from this population (Hastrup, Phillips, Scheiner, McAfee, & Kraemer, 1986; Phillips, 1987). Also notable is the low rate of suicide observed among male psychologists in the current study. This finding was not anticipated. In understanding these findings, it is important to note that suicide rates have not come down for the population in general, from the 1960s to the 1980s. The suicide rates for both sexes are quite stable over time. So explanations for changes in suicide rates cannot rest on a general cultural change.

Lower levels of suicide may have been observed in this sample than in the 1960s because of changes in the relative proportion of men and women in psychology. Being the only man or only woman among one's colleagues has been found to create discomfort and dissatisfaction (e. g., Hill, 1984; Izraeli, 1983; Yoder & Sinnett, 1985; Young, McKenzie, & Sherif, 1980). Increasing proportions of women in psychology over the past three decades may have alleviated some of this discomfort and provided a basis for the lower suicide rates found in the current study.

The degree to which suicide rates among men and women in psychology have changed over time offers a unique opportunity for understanding more about suicide and its causes. The amount of change observed in the suicide rates of psychologists is somewhat unusual, providing us with the opportunity to ask (and answer) questions about what has caused these rates to change so much.

The current findings suggest the need for additional study. Sampling deaths among psychologists over a wider range of years would increase the magnitude of the expected and observed numbers of suicides, yielding more reliable results. Similar research is also warranted on current rates of suicide in other groups, particularly of individuals in those professions studied in the 1960s that were observed to have high suicide rates. Comparisons of suicide rates across occupations and across various types of work places within occupations will be necessary to explore reasons for the apparent change in suicide rates noted in the present study.

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Table 1: Annual Suicide Rates per 100,000 population

Population	Women	Men
general population, 1965	11.8	25.7
physicians, 1967-1972 (Pitts et al.)	40.7	38.1
physicians, 1965-1970 (Steppacher & Mausner)	33.6	30.9
psychologists, 1960-1969 (Mausner & Steppacher)	33.2	18.9
psychologists, 1988-1989 (Phillips)	10.3	5.6
general population, 1988	7.5	25.0

Table 2: Subjects

	Women	Men
Deaths among APA Members 1988-1989	41	138
Certificates Obtained	27	98
Certificates requested not found	8	26
Certificates not requested	6	14
APA Members, US Residents	22,080	37,494
Expected suicides: all APA members	3.4	18.4
% Certificates Obtained	65.9%	71.0%
Adjusted Expected Suicides	2.2	13.1
Identified Suicides	3	3

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Any conclusions or interpretations made from these data are those of the current author. The agencies listed above which have provided vital statistics information are in no way responsible for interpretations or conclusions provided in this summary.